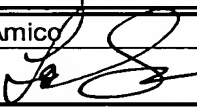


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. N0520.0047/P047	
		First Inventor Shinichiro Fukuoka	
		Title	ARTICLE MANAGEMENT SYSTEM, NONCONTACT ELECTRONIC TAG, ARTICLE MANAGEMENT METHOD, AND COMPUTER-
		Express Mail Label No.	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 58] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 18]</p> <p>5. Oath or Declaration [Total Sheets 5]<ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statements verifying identity of above copies<div style="border: 1px solid black; padding: 5px;"><p style="text-align: center; margin: 0;">ACCOMPANYING APPLICATION PARTS</p><p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p><p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p><p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p><p>17. <input checked="" type="checkbox"/> Other: Claim for Priority</p></div></p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____</p> <p>Prior application information: Examiner _____ Art Unit: _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<p><input checked="" type="checkbox"/> Customer Number: 24998 <input type="checkbox"/> Correspondence address below</p>			
Name		DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico	
Address		2101 L Street NW	
City	Washington	State	DC
Country	US	Zip Code	20037-1526
Telephone		(202) 785-9700	
Fax		(202) 887-0689	
Name (Print/Type)		Thomas J. D'Amico	
Signature			
Registration No. (Attorney/Agent)		28,371	
Date		October 29, 2003	

<h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003, Patent fees are subject to annual revision.</p>		Complete if Known	
		Application Number	Not Yet Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Shinichiro Fukuoka
		Examiner Name	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$) 896.00		Attorney Docket No.	N0520.0047/P047

METHOD OF PAYMENT (check all that apply) <div style="margin-top: 5px;"> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Deposit Account: </div> <div style="margin-top: 5px;"> Deposit Account Number: 04-1073 </div> <div style="margin-top: 5px;"> Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP </div> <p style="font-size: x-small;">The Director is authorized to: (check all that apply)</p> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </div>	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> 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Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">Other fee (specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$)</td> <td>40.00</td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	Surcharge – late filing fee or oath		1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		1053	130	1053	130	Non-English specification		1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		1251	110	2251	55	Extension for reply within first month		1252	420	2252	210	Extension for reply within second month		1253	950	2253	475	Extension for reply within third month		1254	1,480	2254	740	Extension for reply within fourth month		1255	2,010	2255	1,005	Extension for reply within fifth month		1401	330	2401	165	Notice of Appeal		1402	330	2402	165	Filing a brief in support of an appeal		1403	290	2403	145	Request for oral hearing		1451	1,510	1451	1,510	Petition to institute a public use proceeding		1452	110	2452	55	Petition to revive – unavoidable		1453	1,330	2453	665	Petition to 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FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity		Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1001	770	2001	385	Utility filing fee	770.00		
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$)					770.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	16	-20** =		x	Fee from below	=	0.00
Independent Claims	4	-3** =	1	x	86.00	=	86.00
Multiple Dependent				x		=	
Large Entity		Small Entity		Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)					86.00		

SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371
Signature		Telephone	(202) 828-2232
		Date	October 29, 2003